# L12000013949

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	A
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(Business Entity Name	)
(Document Number)	
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## • TO: **Registration Section Division of Corporations**

DE SARRO GROUP, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**KYLE BECKMANN** 

Name of Person

BK AUDIT LLC

Firm/Company

255 SW 14TH PL

Address

BOCA RATON FL, 33432

City/State and Zip Code

KYLE@BKAUDITGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KYLE BECKMANN

Name of Person

850-8990 516 at (\_\_\_\_ Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 🗐 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section** Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# DocuSign Envelope ID: E311CBF6-C1B6-4574-847A-CA73FBF6F964 **ARTICLES OF AMENDMENT** TO **ARTICLES OF ORGANIZATION** OF

DE SARRO GROUP, LLC		
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny a <u>s it now appears on our records.</u> ) Jability Company)
The Articles of Organization for this Limited L Florida document number <u>1.12000013849</u>	• • •	were filed on $\frac{01/30/2012}{2012}$ and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name o</u>	of the limited liabi	ility company here:
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
- Enter new principal offices address, if appli	side.	255 SW 14TH PL
<u>(Principal office address MUST BE A STREE</u>		BOCA RATON FL, 33432
Enter new mailing address, if applicable:		255 SW 14TH PL
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	BOCA RATON FL, 33432
agent and/or the new registered office addre	<b>.</b>	address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:		
New Registered Office Address:	255 SW 14TH I	PL Enter Florida street address
	BOCA RATON	Florida <sup>33432</sup>

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

DocuSigned by:

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

DocuSign Envelope ID: E311CBF6-C1B6-4574-847A-CA73FBF6F964 If amenuing Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

# MGR = Manager

.

AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
MGR	DE SARRO, DANIEL E	MAIPU 7666	□ Add
		MAR DEL PLATA, BA 7600 AR	Remove
MGR	LOPEZ, ADRIANA P	LARREA 1110	□ Add
		MAR DEL PLATA, BA 7600 AR	Remove
			□Change
MGR	DE SARRO, LUCIO M	MARCOS SASTRE 1737	🗆 Add
		MAR DEL PLATA, BA 7600 AR	Remove
			□Change
MGR	DE_SARRO, SILVANO M	MORENO 2879	🗆 Add
		MAR DEL PLATA, BA 7600 AR	
		. <u>.                                   </u>	□Change
MGR	ADOBBATI, ADALBERTO	4566 BRADY LN	□Add
		PALM BCH GARDENS, FL 3341	Remove
			□Change
P	BECKMANN, KYLE	255 SW 14TH PL	🖬 Add
		BOCA RATON, FL 33432	
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing:(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	(lf an e	ffective date is listed, the	e date must be specific and car	nnot be prior to date o	f filing or more than 90 d	ays after filing.) Pursuant to	— 5 605.0207 (3)(b) : listed as the
document's effective date on the Department of State's records.	docui	ment's effective date	on the Department of State	c's records.			
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.			l effective date, but not an	effective time, at 1	2:01 a.m. on the earlie	er of: (b) The 90th day	after the
HINE 01 2024							

DocuSigned by:	,
-	
07E1737C124E4FE	Signature of a member or authorized representative of a member
DE SARRO, LUCIO	М